Application of bocket Numb

## PATENT APPLICATION FEE DETERMINATION RECORD

| Application | or | Docket | Number |
|-------------|----|--------|--------|
|-------------|----|--------|--------|

| Effective December 29, 1999                    |                                                                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                  |                                 | 09/519188                            |           |                   |                                                  |         |                               |                        |
|------------------------------------------------|--------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------|---------------------------------|--------------------------------------|-----------|-------------------|--------------------------------------------------|---------|-------------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) |                                                                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                  |                                 |                                      | _         | SMALL ENTITY TYPE |                                                  |         | OTHER THAN<br>OR SMALL ENTITY |                        |
| FOR NUMBER FILE                                |                                                                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | Tı                                               | NUMBER E                        |                                      | _         | ATE               | FEE                                              | 1       | RATE                          | FEE                    |
| BASIC FEE                                      |                                                                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                  |                                 |                                      |           | : -               | 345.00                                           | OR      |                               | 690.00                 |
| TOTAL CLAIMS                                   |                                                                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                  |                                 | X                                    | \$ 9=     |                   | OR                                               | X\$18=  |                               |                        |
| INDEPENDENT CLAIMS                             |                                                                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                  |                                 |                                      | -         | 39=               | <del>                                     </del> | 1 1     | X78=                          |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT               |                                                                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                  |                                 |                                      | -         |                   | 1                                                | OR      |                               |                        |
|                                                |                                                                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                  |                                 | olumn 0                              |           | 30=               |                                                  | OR      | +260=                         |                        |
| * If                                           | * If the difference in column 1 is less than zero, enter "0" in column 2 |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                  |                                 |                                      |           | OTAL              |                                                  | OR      | TOTAL                         | V098                   |
| CLAIMS AS AMENDED - PART II                    |                                                                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                  |                                 | (Column o                            | SM        | 1 <u>AL</u> L 1   | ENTITY                                           | OR      | OTHER<br>SMALL E              |                        |
| Ь_                                             | <b>数据发现</b>                                                              | CL        | umn 1)<br>_AIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3723.38.                          | Н                                                | olumn 2)                        | (Column 3)                           | 2"        |                   | ADDI-                                            | ا       |                               | ADDI-                  |
| ENT A                                          |                                                                          | REM<br>AF | MAINING<br>FTER<br>NDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   | PRI                                              | NUMBER<br>EVIOUSLY<br>PAID FOR  | PRESENT<br>EXTRA                     | R         | ATE               | TIONAL<br>FEE                                    |         | RATE                          | TIONAL<br>FEE          |
| <b>AMENDMENT</b>                               | Total                                                                    |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Minus                             | **                                               |                                 | =                                    | X         | \$ 9=             |                                                  | OR      | X\$18=                        |                        |
| MEI                                            | Independent                                                              |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Minus                             | ***                                              |                                 | =                                    | X         | 39=               |                                                  | OR      | X78=                          |                        |
| <b> </b>                                       | FIRST PRESE                                                              | NTATIC    | ON OF ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | JLTIPLE DEF                       | PEND                                             | ENT CLAIM                       |                                      |           | 130=              |                                                  | OR      | +260=                         |                        |
|                                                |                                                                          |           | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TOTAL                             | <del>                                     </del> | <b>-</b>                        | TOTAL                                |           |                   |                                                  |         |                               |                        |
| 1                                              |                                                                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | ,                                                | aluma C                         | (Caluma 0)                           |           | IT. FEE           |                                                  | OR      | ADDIT. FEE                    |                        |
| <del> </del>                                   | £172.5200.550                                                            | CL        | iumn 1)<br>LAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 200.10.28                         | F                                                | olumn 2)<br>HIGHEST             | (Column 3)                           |           |                   | ADDI-                                            | 1       |                               | ADDI-                  |
| IENT B                                         |                                                                          | REM<br>Al | MAINING<br>FTER<br>NDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   | PR                                               | NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                     | R         | ATE               | TIONAL<br>FEE                                    |         | RATE                          | TIONAL<br>FEE          |
| MENDMENT                                       | Total                                                                    | ŀ         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Minus                             | **                                               |                                 | =                                    | X         | \$ 9=             |                                                  | OR      | X\$18=                        |                        |
| /ME                                            | Independent                                                              | •         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Minus                             | ***                                              |                                 | =                                    | X         | (39=              |                                                  | OR      | X78=                          | 1                      |
| <u> </u>                                       | FIRST PRESE                                                              | NTATI     | ON OF MI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ULTIPLE DEI                       | PENC                                             | ENT CLAİN                       |                                      |           | 130=              |                                                  | OR      |                               |                        |
|                                                | •                                                                        | •         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                  |                                 |                                      | <u> </u>  | TOTAL             |                                                  | -       | TOTAL                         |                        |
| ,                                              |                                                                          | •         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                  |                                 | , <del>.</del> .                     |           | IT. FEE           |                                                  | JOR     | ADDIT. FEE                    |                        |
| <u> </u>                                       | The same of the same of the same of                                      |           | lumn 1)_<br>LAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | galeen wan                        |                                                  | Column 2)<br>HIGHEST            | (Column 3)                           | _         |                   | T                                                | 1       |                               | 1 455                  |
| AMENDMENT C                                    |                                                                          | REM<br>A  | LAIMS<br>MAINING<br>AFTER<br>NDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   | PR                                               | NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                     | R         | ATE               | ADDI-<br>TIONAL<br>FEE                           | :       | RATE                          | ADDI-<br>TIONAL<br>FEE |
| ₩Q.                                            | Total                                                                    |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Minus                             | **                                               |                                 | =                                    | X         | \$ 9=             |                                                  | OR      | X\$18=                        |                        |
| MEN                                            | Independent                                                              |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Minus                             | ***                                              |                                 | = ·                                  | -         | (39=              | <b>†</b>                                         | OR      | V70                           | 1                      |
| ď                                              | FIRST PRESE                                                              | :NTATI    | ON OF M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ULTIPLE DE                        | PENL                                             | ENT CLAIM                       | 1                                    |           |                   | <del>                                     </del> | 1       | <b>-</b>                      | +                      |
|                                                |                                                                          |           | lace "                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 10 0=1                            | ım- ~                                            | Metho Hon to                    | aluma a                              | L         | 130=              |                                                  | OR      | TOTAL                         |                        |
| **                                             | If the entry in colu                                                     | ımber Pr  | reviously Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | aid For" IN THI                   | IIS SPA                                          | ACE is less that                | nan 20, enter "20."                  | ADD       | TOTAL<br>IT. FEE  |                                                  | OR      | TOTAL<br>ADDIT. FEE           | <u> </u>               |
| <b>"</b>                                       | *If the "Highest Nu<br>The "Highest Num                                  | uper Pre  | reviously Page Page 19 | alu For IN TH<br>id For" (Total o | or Inde                                          | pendent) is th                  | ian 3, enter 3.<br>le highest number | r found i | n the a           | opropriate bo                                    | ox in c | olumn 1.                      |                        |